


# SAFETY AWARENESS CERTIFICATE (SAC)

BROOKHAVEN NATIONAL LABORATORY	
SAFETY AWARENESS CERTIFICATE	
NAME _____	
LIFE NO. _____ DEPT/DIV _____	
BNL ADDRESS _____	
BNL F 2993D	



**FRONT**

The person whose name appears on this card has received safety awareness training for the following classification in accordance with the Lifting Safety Subject Area.	
<b>CLASSIFICATION</b>	<input type="checkbox"/>
Equipment Category _____	
Equipment Type _____	Expiration Date _____
Evaluated By _____ (Signature on file)	
Training Approved by _____ (Office of Training & Qualifications)	

**BACK**